

Date Submitted:
Institution East Central College
Institution Program Title A03020030202012090002 - C2 - Medical Assistant - 510801
Implementation Date:
New Site Information
Added Site(s):
Selected Site(s):
Rolla North, 2303 North Bishop Avenue, Rolla, MO, 65401
Options
Current Options:
Options Added:
Mode of Delivery
Classroom
Assurances
I certify that the program is clearly within the institution's CBHE-approved mission. The proposed new program must be consistent with the institutional mission, as well as the principal planning priorities of the public institution, as set fortiquible institution's approved plan or plan update.
I certify that the program will be offered within the proposing institution's main campus, CBHE-approved service regio CBHE-approved off-site location.
I certify that the program will not unnecessarily duplicate an existing program within the geographically applicable are
I certify that the program will build upon existing programs and faculty expertise.
I certify that the program can be launched with minimal expense and falls within the institution's current operating bu
I certify that the institution has conducted research on the feasibility of the proposal and it is likely the program will be successful. Institutions' decision to implement a program shall be based upon demand and/or need for the program ir of meeting present and future needs of the locale, state, and nation based upon societal needs, and/or student needs
Contact Information
First and Last Name:
Email:
Phone:

X	PUBLIC	
	INDEPENDENT	





PROGRAM CHANGE REQUEST FOR STAFF REVIEW

		PROGRA	AM CHANGE	REQUEST FOR	STAFFREVI	пе м					
Title or	CIP chai	ige only		·	•	·					
Combin	ation program created out of closely allied existing programs										
Option(Option(s) added to existing program(s) *attach copy of "before and after" curriculum, plus any existing and proposed options										
Additio	Addition of certificate program developed from approved existing parent degree										
Additio	n of free-	-standing single-sen	nester certificate pro	ogram							
-	Before the Proposed Change				After the P	roposed Change					
Title of Program/Co	f Old	Degree	CIP Code	Title of New Program/Certificate	Degree	CIP Code					
Medical As		Certificate 0	51.0801	Medical Assistant	Certificate 2	51.0801					
Delete	Delete program(s)										
Delete	Delete options										
Program	n placed	on "Inactive Status"	" list								
Program/Certificate/Option Degree and CIP Code Intended Date of Deletion/Inactivation											
		···········									
						MM/YY					
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Change	of addre	ss:		**************************************	······						
Closed l	Closed location:										
List site	List sites where changes on this form should be applied (such as main campus, all off-site locations, etc.)										
Rolla North											
Robyn Walter, CAO, Interim 'Robyn Walter 7/25/19											
Name/Title of Institutional Officer Signature Date											
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